



Andy Beshear
GOVERNOR

**JUSTICE AND PUBLIC SAFETY CABINET
OFFICE OF THE STATE MEDICAL EXAMINER**

Bingham Building – First Floor
10511 LaGrange Road
Louisville, Kentucky 40223
Phone: (502) 489-5209

Keith L. Jackson
SECRETARY

Dr. Bill Ralston
CHIEF MEDICAL EXAMINER

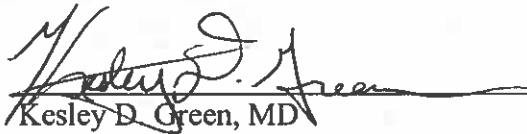
FINAL DIAGNOSIS

BERRY, BENJAMIN

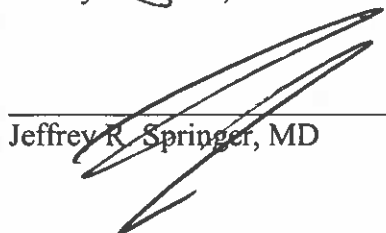
ME25-0614

- I. Carbon monoxide intoxication
 - A. Cherry red livor mortis
 - B. Postmortem subclavian blood carboxyhemoglobin saturation: 73.6%
- II. Papillary thyroid carcinoma
- III. Scarred kidneys
- IV. Obesity (BMI = 37.6)
 - A. Moderate hepatic steatosis
- V. Remote cholecystectomy
- VI. Remote appendectomy
- VII. Mild to moderate decomposition changes
- VIII. Postmortem subclavian blood toxicology:
 - A. Ethanol: 0.036% w/v
- IX. Postmortem vitreous toxicology is negative for tested alcohols
- X. Postmortem urine toxicology is negative for tested drugs of abuse

OPINION: Based on the history provided to me by the coroner, autopsy findings, and toxicology findings, death in this 34 year-old man, Benjamin Berry is due to carbon monoxide intoxication. (E952.1)



Kesley D. Green, MD



Jeffrey R. Springer, MD

DATE PERFORMED: June 6, 2025
DATE COMPLETED: August 8, 2025
COUNTY OF JURISDICTION: Jefferson

POSTMORTEM EXAMINATION

OF THE BODY OF

BERRY, BENJAMIN

ME25-0614

A postmortem examination of the body identified by the Jefferson County Coroner as Benjamin Berry is performed at the Bingham Building on June 6, 2025 at 7:00 a.m. by Dr. Kesley Green and Dr. Jeffrey Springer. The attendants are Amanda Adkisson and Jason Ritter.

EXTERIOR OF THE BODY

The body is received clothed in a gray T-shirt, an adult diaper, red shorts, black socks, and black shoes. There is brown-yellow vomitus on the T-shirt and scant brown material within the diaper. There are no personal effects included with the body. An identification tag labeled with "Benjamin Berry" is about the left ankle.

The body is that of a well-developed, obese, adult Asian male that appears compatible with the stated age of 34 years. The body has a measured height of 68 inches and a measured weight of 247 pounds (BMI = 37.6). The body is cool to the touch. Pink to cherry red livor mortis is present posteriorly, except over pressure points, and is fixed. There is also pink to cherry red discoloration of the anterior neck, abdomen, perineum, and anterior extremities. Mild to moderate decompositional changes are present, characterized by loss of rigor, slippage of skin with pressure, marbling of the extremities, cloudy corneae, and drying of the lips and fingertips.

The scalp hair is black and measures up to 2 inches in length. Facial hair consists of a shaved mustache and beard. The pupils and irides are unable to be assessed due to corneal clouding. The conjunctivae are without petechiae, hemorrhage, or icterus. The sclerae are white and unremarkable. The nose is free of deformity and palpably intact. There is red serosanguineous fluid in the nares. The ears are unpierced and free of deformity. The lips, gingivae, and frenulae are intact. The natural anterior dentition is in fair condition. There is red serosanguineous fluid and white froth in the mouth. The neck is without masses and the trachea is midline. Superficial lymph nodes are not palpable. The thorax is symmetric and of normal mobility. The abdomen is protuberant. The penis is circumcised. The testes are descended bilaterally within the scrotal sac. The upper and lower extremities are symmetric and display no edema or fracture. The fingernails are short, intact, unpainted and unremarkable. The toenails are short to medium length, intact, unpainted, and unremarkable. The back is well-developed. The anus is atraumatic.

IDENTIFYING MARKS, SCARS, AND TATTOOS

1. Monochromatic tattoos on the lateral left shoulder and bilateral ventral forearms
2. 9 1/2" vertical tan-white to tan-brown scar on the midline abdomen
3. 3" horizontal tan-white scar on the upper to mid right abdomen
4. 1/2" depressed scar on the lower midline back

EVIDENCE OF MEDICAL TREATMENT

1. EKG pads on the bilateral ventral forearms and bilateral legs

EVIDENCE OF INJURY

None identified.

INTERIOR OF THE BODY

The body is opened via the standard "Y"-shaped incision through cherry red musculature to reveal a panniculus which measures up to 10 cm. The abdominal cavity is lined with glistening serosa and contains serosal adhesions of the small intestines but no abnormal collections of fluid. The mesenteric fat and omentum are glistening, yellow, and unremarkable. The mediastinum is midline and there are no adhesions or abnormal collections of fluid in either pleural space. The pericardial sac is free of significant fluid or adhesions. The intraabdominal and thoracic viscera maintain their usual in-situ relations. The diaphragm is intact and in its proper position. The vermiform appendix and gallbladder are absent.

CARDIOVASCULAR

The heart weighs 380 grams and is of normal configuration. The epicardial surfaces are smooth and contain a normal amount of glistening, yellow to cherry-red adipose tissue. The coronary ostia are in their usual location and give rise to normally distributed coronary arteries. The coronary arteries are patent, without evidence of significant atherosclerosis. The myocardium is cherry-red to brown-red, softened, and without evidence of recent or remote infarcts. The mural and valvular endocardia are smooth and glistening. The atrial chambers are of proportionate capacity. There is mild biventricular dilatation. The left ventricular free wall thickness measures 1.3 cm, the right ventricular free wall thickness measures 0.2 cm, and the interventricular septum measures 1.3 cm. The atrial and ventricular septa are intact. The valves are normal and without vegetation or calcification.

The aorta and its major branches arise normally, follow their usual course and are patent, free of significant atherosclerosis or other abnormality. The pulmonary arterial trunk is free of thrombi. The venae cava and their major tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY

The right lung weighs 680 grams and the left lung weighs 580 grams. The pleural surfaces are cherry-red, smooth, and glistening, with a mild to moderate amount of subpleural anthracotic pigment present in all lobes. Lobar divisions of each lung are of the usual configuration. The bronchial tree is of normal distribution and dimension. The bronchial mucosa is cherry-red to tan-pink with no focal lesions. The pulmonary arteries are normally developed, patent, and without antemortem thromboemboli. The pulmonary parenchyma is cherry-red, exuding minimal to no amounts of frothy fluid. No consolidation, calcification, or focal lesions are identified. The hilar lymph nodes are mildly anthracotic and non-calcified.

LIVER

The liver weighs 1740 grams. The hepatic capsule is intact, smooth, and glistening. The liver edge is sharp. The hepatic parenchyma is softened and homogenously cherry red-brown with no focal lesions or fibrosis.

PANCREAS

The pancreas is cherry-red with a normal lobulated appearance. There is no fibrosis or calcification. The ducts are patent and of normal caliber.

ADRENALS

The adrenal glands are of normal size and shape. They are composed of a yellow outer cortical rim overlying deeper brown cortical zones and gray medulla.

GENITOURINARY

The kidneys combined weigh 300 grams. The left kidney appears atrophic. The right kidney appears normal in shape and size. The renal capsules are smooth and thin, semi-transparent, and strip with moderate difficulty from the underlying cherry-red, markedly scarred (greater on the left) firm cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are dark red and unremarkable. The usual arcuate markings are preserved. There are no cystic or solid lesions within the renal parenchyma. The calyces and pelves are slightly dilated. The ureters are unremarkable.

The urinary bladder contains approximately 200 ml of yellow urine. The bladder mucosa is white and smooth with no trabeculation or focal lesions. The trigone is prominent. The ureteral orifices at the trigone are patent and unremarkable.

The prostate gland is of normal size and shape. The prostatic parenchyma is firm and yellow-tan, without nodularity or yellow discoloration.

SPLEEN AND LYMPH NODES

The spleen weighs 200 grams. The splenic capsule is intact, smooth, and glistening. The splenic parenchyma is red-purple, moderately firm, and with no focal lesions. The white pulp and red pulp are discernible.

The regional lymph nodes appear normal and are not enlarged.

ALIMENTARY TRACT

The esophagus is lined by pink to cherry-red, smooth mucosa with normal longitudinal folds. The gastroesophageal junction is easily identified and unremarkable. The gastric wall is intact and of usual thickness. The gastric lumen contains approximately 5 mL of gray fluid with recently digested food particles. No pills or capsules are identified within the gastric lumen. The gastric mucosa is tan to cherry-red with decreased rugal folds. The small and large intestines are unremarkable.

MUSCULOSKELETAL

Examination and palpation of the sternum, ribs, shoulder girdle, spine, and pelvis fail to reveal fracture.

NECK

There is no soft tissue hemorrhage within the neck. The hyoid bone and thyroid cartilages are intact. The airway contains aspirated gastric contents. The mucosal surfaces of the larynx and trachea are smooth, cherry-red, and unremarkable. The vocal cords display no abnormality.

The lingual mucosa is intact, and the underlying firm red-brown musculature is devoid of hemorrhage.

THYROID

The thyroid gland is normal in size and demonstrates a 1.5 x 1.5 x 1.5 cm well-circumscribed tan to cherry-red mass in the right thyroid lobe.

HEAD

The scalp is reflected to reveal an unremarkable calvarium. There is no soft tissue hemorrhage within the scalp. The intact calvarium is removed to reveal an unremarkable, normal tension dura mater. The superior sagittal sinus is midline and patent. The leptomeninges are thin and delicate. The brain weighs 1060 grams. The cerebral hemispheres display normal convolutional pattern, being symmetric and without edema or atrophy. The uncinate gyri and cerebellar tonsils do not demonstrate pressure phenomena.

The arteries at the base of the brain are of normal distribution, intact, collapsed, and transparent.

Sections through the cerebral hemispheres reveal normal relations of gray and white matter. There are no lesions within the cortical gray matter, subcortical white matter, deep white matter, or deep nuclei of either hemisphere. The basal ganglia, thalami, and hippocampi are unremarkable. The cerebral ventricles contain clear fluid and are of normal caliber. The ependymal lining is smooth and glistening.

Sections through the midbrain, pons, and medulla are unremarkable. Sections through the cerebellum are unremarkable.

Examination of the base of the skull after removal of the brain and dura mater fails to reveal fracture.

DISPOSITION OF EVIDENCE

The following items are maintained at the OCME:

1. Photographic documentation
2. Diagrammatic documentation

3. Tissue for stock and histology
4. DNA standard card
5. Subclavian blood for short term storage

The clothing is returned with the body in the body bag.

Subclavian blood, urine, and vitreous humor are submitted in a sealed kit to AXIS Laboratories for toxicologic analysis.

Vitreous humor is split for potential future chemistry analysis and is stored at AXIS Laboratories.

Subclavian blood is also submitted in the same sealed kit to AXIS Laboratories for carboxyhemoglobin analysis.

MICROSCOPIC

HEART, LV: Diffuse myocyte hypertrophy.

LUNGS: Diffuse parenchymal autolysis.

LIVER: Diffuse parenchymal autolysis. Moderate macrovesicular steatosis.

KIDNEY: Diffuse parenchymal autolysis and focal calcification.

BRAIN, HIPPOCAMPUS: No contributory histopathologic abnormality.

THYROID, RIGHT, MASS: Well circumscribed, encapsulated mass with papillary architecture and patchy to diffuse autolysis. The non-autolyzed cells demonstrate nucleomegaly with some features of nuclear clearing, grooves and inclusions. There is patchy chronic lymphoplasmacytic inflammation along the capsular wall. There is some hemorrhage and pigmented macrophages. Capsular invasion is not identified. These findings are consistent with papillary thyroid carcinoma. The background parenchyma demonstrates aggregates of variably sized follicles with benign simple cuboidal epithelium and benign parafollicular C cells.

